

**NC DIVISION OF AGING AND ADULT SERVICES AND  
NC AREA AGENCIES ON AGING  
NUTRITION SERVICES ASSESSMENT TOOL**

**PART I**

**Staff Interviews and Review of Related Documentation**

Provider Agency: \_\_\_\_\_ Assessment Date: \_\_\_\_\_

Agency Staff Interviewed: \_\_\_\_\_

Signature of AAA Interviewer: \_\_\_\_\_

**Nutrition Service Reimbursements:**

1. Check all nutrition services reimbursed through the NC Division of Aging and Adult Services:

	Yes	No	Comments
Congregate Nutrition (180)			
Congregate Nutrition – NSIP-only (181)			
Congregate Liquid Nutritional Supplement (182)			
Home-delivered Nutrition (020)			
Home-delivered Nutrition – NSIP-only (021)			
Home-delivered Liquid Nutritional Supplement (022)			

**Meal Options:**

2. Check all options for service delivery supported by the Home and Community Care Block Grant:

	Yes	No	Frequency? (e.g., 5 days/wk, emergencies, as funding allows, occasionally)
Hot lunches			
Frozen meals			
Shelf-stable meals			
Liquid nutritional supplements			
Additional meals: morning meal			
Additional meals: evening meal			
Additional meals: weekend meals			
Therapeutic diet meals			

3. Check all options for service delivery supported by other funding sources and reported for NSIP-only (formerly USDA-only) reimbursement:

	Yes	No	Frequency? (e.g., 5 days/wk, emergencies, as funding allows, occasionally)
Hot lunches			
Frozen meals			
Shelf-stable meals			
Liquid nutritional supplements			
Additional meals: morning meal			
Additional meals: evening meal			
Additional meals: weekend meals			
Therapeutic diet meals			

<b>C = Congregate only      HD = Home-delivered only      None = Both</b>	<b>N.A.</b>	<b>Yes</b>	<b>No</b>
C-4. Nutrition provider has on file a completed Attachment A: Site Review for each nutrition site.			
C-5. Congregate meal provider offers at least one hot or other appropriate meal per day in a congregate setting. [Standards p. 3]			
C-6. Documentation is on file that fire drills are conducted quarterly at each congregate nutrition site. [Standards p. 34] List exceptions:			
C-7. A current fire department inspection report has been completed for all sites according to the local fire code inspection schedule, or agency can show efforts to have inspection completed. [Standards p. 34] List exceptions:			
C-8. There are paid site managers, and they are paid for no more than 4 hours per day out of the Home and Community Care Block Grant. [Standards p. 29]			
C-9. Site managers are responsible for activities at their sites and post a calendar of activities at the beginning of each month at each site. [Standards p. 27]			
C-10. Documentation is on file that site managers have received training or are knowledgeable because of previous experience about site operations, record-keeping requirements, community resources and referral procedures, food safety, and food portioning. [Standards p. 29]			
C-11. Each nutrition site has an emergency plan for medical emergencies and evacuation in case of fire or explosion. [Standards p. 34]			
C-12. Each nutrition site has posted in at least one visible location a written plan that describes procedures to follow in case a participant becomes ill or injured. [Standards p. 34]			
13. Except for holidays or emergencies, meals are offered 5 days per week, 52 weeks per year, or DAAS has approved a waiver for lesser frequency. [Standards p. 33]			
14. Nutrition provider offers nutrition counseling as part of nutrition services. If yes, please describe how services are delivered. [Standards p. 27]			

	N.A.	Yes	No
15. Food is prepared <u>on-site</u> . If not, name the current vendor for food preparation and delivery:			
16. An annual survey of participants soliciting menu suggestions and client satisfaction is on file. [Standards p. 12] Comments?			
17. The nutrition provider arranges for the services of a licensed dietitian/nutritionist. [Standards p. 29]			
18. Describe the arrangements for the dietitian/nutritionist's involvement in the nutrition program (for example, who employs the dietitian, does the dietitian develop the menus and recipes, how often does the dietitian review menus, how does the dietitian receive menu substitutions for approval, etc.)			
	N.A.	Yes	No
19. Does the nutrition provider have approval from the Environmental Health Specialist to use time rather than temperature for the serving of any specific food item in the nutrition program? [Standards p. 21] If so, explain:			
20. The nutrition provider notifies the AAA if the sanitation grade falls below "A" or 90%. [Standards p. 20]			
21. Food is received by staff or trained volunteers. Meal arrival time is documented, signed by the person receiving the food. If food is held prior to serving in warming or refrigeration equipment, temperatures are taken and recorded at the time of food delivery. [Standards p. 21] List any exceptions noted by nutrition staff:			
22. There is a paid nutrition program director. [Standards p. 29]			
23. The nutrition program director successfully completed within the first 12 months of employment at least 15 hours of instruction in food service sanitation. [Standards p. 29]			

	N.A.	Yes	No
24. The nutrition program director participated within the first 12 months of employment in DAAS training on nutrition program management. [Standards p. 29]			
25. The nutrition staff can demonstrate efforts to train current volunteer staff. [Standards p. 29]			

<b>Answer the following as true/false statements.</b>	N.A.	True	False
26. Nutrition provider does not use funds to purchase vehicles to deliver meals. [Standards p. 35]			
27. Nutrition provider does not provide meals to ineligible people without reimbursement of the full cost of the meal. [Standards p. 35] Ineligibility criteria on Standards p. 6: <ul style="list-style-type: none"> <li>- People whose dietary needs cannot be met through the meals offered.</li> <li>- People residing in long-term care facilities or enrolled in care-providing programs (including adult day care/day health, except that people attending day care/day health centers may receive meals on the days they do not participate in the adult day program).</li> </ul>			
28. Nutrition provider does not serve therapeutic meals without a physician's order on file and unless the program has the capability to provide the service. [Standards p. 35]			
29. Nutrition provider staff and volunteers do not administer medical treatment or medications. [Standards p. 35]			
30. Nutrition provider staff and volunteers do not carry out financial transactions except those related to donations. [Standards p. 35]			
31. Nutrition provider staff and volunteers do not provide unapproved meals to participants. [Standards p. 35]			
32. Nutrition provider staff and volunteers do not accept gifts. [Standards p. 35]			
33. Congregate nutrition sites are not closed or combined on a temporary or permanent basis (except in an emergency) without the prior written approval of the AAA administrator assuring that options for maintaining services have been considered. [Standards p. 35]			

	N.A.	Yes	No
34. Utilization levels for the HCCBG budget at the time of the AAA assessment are consistent with budget projections for the fiscal year. If not, describe appropriate adjustments.			

35. Reconciliation of Units: The purpose of this question is to reconcile the total number of units, by service, reimbursed from ARMS to the total number of units recorded on the ZGA-903 (turnaround documents). With nutrition staff, reconcile a sample month of units by completing the following:

	Congregate Nutrition	Home-delivered Meals
A. = The total units reimbursed by ARMS for the month of _____. (See the ZGA 370 or the Units of Services Verification Report)		
B. = Total units submitted for keying from the ZGA 903 to ARMS for the month chosen above.		
C. - Less units not accepted by ARMS for the chosen month (see error report, if applicable. If the provider keys directly into ARMS, enter zero)		
D. + Add units keyed and accepted by ARMS in the month chosen above that were disallowed in a previous month(s).		
E. = Total (B – C + D): Item A (total units reimbursed) and item E (adjusted units recorded) should equal.		

F. Explain any difference between units reimbursed by ARMS (A) and adjusted units recorded (E):

	N.A.	Yes	No
36. Two individuals open, count, and record consumer contributions.			
37. The person making deposits is different from the people counting and recording contributions.			
38. Verify program income reported in ARMS:  The amount of program income in ARMS for the month of _____ is the same as the program amount in the agency's General Ledger for the same referenced date. If not, explain.			

39. Program Income Verification: The purpose of this question is to verify the amount of program income (cost sharing) collected at the provider's nutrition site equals the amount recorded in the provider's accounting records. With assistance from nutrition/agency staff, trace one or more sample transactions from the point of collecting program income through recording in the General Ledger:

\$\_\_\_\_\_ Amount collected at \_\_\_\_\_ Nutrition Site on \_\_\_\_\_ (date)

\$\_\_\_\_\_ Amount counted and recorded at \_\_\_\_\_ location  
(if the administrative offices are a different location from nutrition site)

\$\_\_\_\_\_ Amount recorded on deposit slip for the sample date.

\$\_\_\_\_\_ Amount recorded in General Ledger or accounting records of the provider.

There should be a clear audit trail from the point of counting program income to the point of deposit and recording in the General Ledger. Explain any difference in these amounts:

HD-40. Home-delivered meal provider delivers at least one hot, cold, frozen, dried, canned, or supplemental meal per day to homebound older adults. [Standards p. 3]			
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HD-41. Nutrition provider has written procedures for reporting changes in the eligibility of home-delivered meal clients (i.e., termination of services). [Standards p. 7]			
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HD-42. Nutrition provider has procedures to document eligible home-delivered meal clients receive telephone client reassessments every other 6 months. [DAAS Adm Ltr No. 05-13]			
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Corrective Action/Technical Assistance:

**NC DIVISION OF AGING AND ADULT SERVICES AND  
NC AREA AGENCIES ON AGING  
NUTRITION SERVICES ASSESSMENT TOOL**

**PART II**

**AAA Observations and Review of Activities  
at Nutrition Site(s) and on Home-delivered Meal Route(s)**

(make additional copies of this section as necessary for each site or route)			
<b>Name of nutrition site visited and date:</b>			
	N.A.	Yes	No
C-1. Obtain copy of agency's Attachment A: Site Review. AAA's observations on-site agree with provider's assessment. If not, note exceptions:			
C-2. Identify the names of 3-5 individuals who received a meal on the day of the site visit:  <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>			
[Include 2 or more of these names in the client record reviews, OR verify that these names are included in the agency's client database during Part III: Desk Review.]			
	N.A.	Yes	No
C-3. A calendar of activities for the month is posted on-site.			
C-4. There is a contribution system in full view.			
C-5. A written plan is posted in at least one visible location that describes procedures to follow in case a participant becomes ill or injured.			
C-6. Congregate food temperatures are taken immediately before serving on the day of the site visit, and serving time is recorded.			

C-7. Food temperatures taken on day of congregate site visit:			
_____ Meat/meat alternative (specify _____)			
_____ Grains or other carbohydrates (specify _____)			
_____ Vegetable or Fruit (specify _____)			
_____ Vegetable or Fruit (specify _____)			
_____ Milk (if other source of calcium, specify _____)			
_____ Other (specify _____)			
C-8. Approved menu is posted in meal serving area.			
	N.A.	Yes	No
9. Approved menu is posted in meal preparation area of nutrition site.			
10. Approved menu is served on day of site visit.			
11. If the approved menu is not served on day of visit, reviewer observes that caterer has sent appropriate notification of menu changes.			
12. On day of visit, food prepared off-site is received by staff or a trained volunteer, who document meal arrival time and sign the delivery ticket. Food temperatures are taken and recorded if food is held in warming or refrigeration equipment prior to serving.			
13. The areas where food is handled or served are clean and in good repair.			
14. The Health Department sanitation permit is posted in a visible location at nutrition site.			
15. Prior to serving congregate meals, home-delivered meals are individually plated, packaged, and transported immediately.			
16. In general, packaging and transport equipment appears to be clean, in good repair, and capable of maintaining food temperatures and protecting food from potential contamination. Comments?			
17. If frozen meals are provided, they are dated with the date delivered to the nutrition program.			
18. Note observations about food presentation and palatability based on direct experience or interactions with clients on day of site visit.			
19. Note observations about the perceived eligibility of clients in attendance on day of site/route visit:			



20. On day of site/route visit, compare meals prepared or received, meals served, and meals unserved: _____ Meals ordered _____ Meals prepared or received _____ Meals served _____ Meals unserved			
	N.A.	Yes	No
21. Contributions are counted and recorded at the site by two individuals. If Home delivered only, may be counted at a central office. If not, describe the procedures observed:			

### Home-delivered Meal Route:

Name of route that AAA rides and date: \_\_\_\_\_

	N.A.	Yes	No
HD-22. Clients receiving meals on the route appear to need service. [If perception raises question, reviewer should include this client in desk review of client records.]			
HD-23. Volunteers accept contributions and take them back to nutrition site or central office.			
HD-24. Home-delivered meal temperatures taken on route:  _____ Meat/meat alternative (specify _____)  _____ Grains or other carbohydrates (specify _____)  _____ Vegetable or Fruit (specify _____)  _____ Vegetable or Fruit (specify _____)  _____ Milk (if other source of calcium, specify _____)  _____ Other (specify _____)			

Corrective Action:

Technical Assistance:

**NC DIVISION OF AGING AND ADULT SERVICES AND  
NC AREA AGENCIES ON AGING  
NUTRITION SERVICES ASSESSMENT TOOL**

**PART III  
Desk Review**

<b>Desk review of Health Department permits:</b>					
1. The nutrition provider has on file copies of current Environmental Health permits for each nutrition site. List the site, date of inspection, and grade for each site:					
Site	Date of Inspection	Grade	Site	Date of Inspection	Grade

<b>Desk review of clients observed receiving meals:</b>	N.A.	Yes	No
2. Unless two or more of the client names recorded during the site visits are included in the client record review/unit verification, verify that the names are included in the agency's client database. Identify selected clients:			

<b>Comparison of one week of approved menus and one week of meal delivery tickets at one site/route:</b>	N.A.	Yes	No
3. Select one week of meal delivery tickets or comparable documentation. Meal tickets document each food item that was delivered, record the end of preparation time, and are signed by the food production manager. If not, list exceptions:			
4. Compare the selected week of meal tickets or comparable documentation to approved menus for that week. The approved menus were followed, or menu changes are documented on menu change forms. List exceptions:			
5. In what form does the caterer provide to the agency on the date food is delivered written notification that emergency menu substitutions have been made? Examples include meal delivery ticket notation or menu change form.			

<b>Desk review of menu files:</b>	N.A.	Yes	No
6. Menus are changed at least two times per year. [Standards p. 13]			
7. Each page of menus has been signed by a licensed dietitian/nutritionist to certify that the menus meet all federal and state requirements. [Standards p. 12]			
8. A nutrient analysis is on file with each certified menu. [Standards p. 12]			
9. Menu change forms are on file with each certified menu to document <ul style="list-style-type: none"> <li>- date of delivery,</li> <li>- specific food substitution, and</li> <li>- signature of the production manager and/or dietitian authorizing the menu change. [Standards p. 12]</li> </ul>			
10. Menu substitutions are approved by the dietitian/nutritionist within 90 days or no later than July 31 <sup>st</sup> . [Standards p. 12] If not, list exceptions:			

<b>Desk review of meals ordered and meals served:</b>					
11. Select 5 random dates and compare meals ordered and meals served for either congregate or home-delivered clients:					
	#1	#2	#3	#4	#5
Date:	_____	_____	_____	_____	_____
Site or route:	_____	_____	_____	_____	_____
Meals ordered:	_____	_____	_____	_____	_____
Meals received or prepared:	_____	_____	_____	_____	_____
Meals served:	_____	_____	_____	_____	_____
Meals unserved:	_____	_____	_____	_____	_____

<b>Temperature documentation review:</b>
C-12. Congregate: Review a month of temperature records for at least 50% of nutrition sites and attach a completed <b>Attachment B: Congregate Temperature Review</b> .
HD-13. Home-delivered: Review a month of temperature records for at least 50% of nutrition routes and attach a completed <b>Attachment B: Home-delivered Temperature Review</b> .

<b>Client record reviews and unit verifications:</b>
C-14. Congregate: Select a sample of clients for record review and conduct unit verifications for meals received by these clients. Attach all appropriate <b>Attachment C</b> worksheets and related documentation for congregate, congregate supplement, and/or congregate therapeutic diet meals.
HD-15. Home-delivered: Select a sample of clients for record review and conduct unit verifications for meals received by these clients. Attach all appropriate <b>Attachment C</b> worksheets and related documentation for HD, HD supplement, and/or HD therapeutic diet meals.

**NC DIVISION OF AGING AND ADULT SERVICES AND  
NC AREA AGENCIES ON AGING  
NUTRITION SERVICES ASSESSMENT TOOL**

**Attachment A:  
Congregate Nutrition Site Review**

Attachment A must be on file for each nutrition site and available for review by the AAA during the assessment process.

Name of Nutrition Site: \_\_\_\_\_

		Yes	No
1	The site is located to be accessible to people eligible for services and targeted by the Older Americans Act.		
2	The site is an attractive facility where all eligible persons feel free to visit and where their cultural and ethnic background will not be offended.		
3	The site has at least 12-14 square feet per person excluding halls, bathrooms, and kitchen areas.		
4	The site has an adequate number of sturdy tables for the number of individuals on the attendance roll and chairs appropriate for older adults.		
5	The site has at least one table surrounded by adequate aisle space (3 ft. 8 in.) to allow for persons with canes, walkers, crutches, or wheelchairs to move with ease. When necessary, this table shall be of sufficient height (2 ft. 8 in.) to permit persons in fixed-arm wheelchairs to dine comfortably.		
6	The site has at least 2 exits which are unlocked during hours of operation.		
7	Emergency and evacuation plans are posted.		
8	Visible, usable fire extinguishers are in place, and instructions for use are posted.		
9	The site is heated during colder months to at least 72 degrees Fahrenheit while participants are present.		
10	The approved menus are posted in both the congregate serving area and the meal preparation area of the site.		
11	A calendar of activities and programs is posted at the beginning of each month.		
12	A current permit from the Health Department is posted.		
13	The site has a system for voluntary, confidential donations by participants.		
14	Parking is available.		
15	The site has a safe and appropriate place to mount and dismount from vans or other group transportation vehicles.		

Name of provider staff who completed form: \_\_\_\_\_

Title: \_\_\_\_\_ Date form completed: \_\_\_\_\_

Signature: \_\_\_\_\_

**NC DIVISION OF AGING AND ADULT SERVICES AND NC AREA AGENCIES ON AGING  
NUTRITION SERVICES ASSESSMENT TOOL**

**Attachment B: Congregate Meals Temperature Review**

	Food temps are recorded for each food item, as appropriate.	Arrival times are recorded (and temps if warming/refrig.equip.used.	Serving time & temps are recorded daily.	Review cold foods for a chosen month. State percentage of cold foods out of compliance for month.	Review hot foods for a chosen month. State percentage of hot foods out of compliance for month.
Site # 1					
Site #2					
Site #3					
Site #4					
Site #5					
Site #6					
Site #7					

**NC DIVISION OF AGING AND ADULT SERVICES AND NC AREA AGENCIES ON AGING  
NUTRITION SERVICES ASSESSMENT TOOL**

**Attachment B: Home-delivered Meals Temperature Review**

	Food temps are recorded for each food item, as appropriate.	Food temps are recorded at least monthly on each route.	Review cold foods for a chosen month. State percentage of cold foods out of compliance for month.	Review hot foods for a chosen month. State percentage of hot foods out of compliance for month.
Route # 1				
Route #2				
Route #3				
Route #4				
Route #5				
Route #6				
Route #7				

**ATTACHMENT C: NCDAAS CLIENT RECORD REVIEW AND UNIT VERIFICATION WORKSHEET**  
**CONGREGATE NUTRITION**

Page \_\_\_\_ of \_\_\_\_

DATE OF ASSESSMENT \_\_\_\_\_  
 AGENCY \_\_\_\_\_ MONTH AND YEAR REVIEWED \_\_\_\_\_

Reviewer should select a random sample of clients from each Site/Route/Worker Code and include one or more special eligibility clients (if any).

- Attach to this worksheet the Units of Service Verification Report used to select the sample of clients and units. Identify on this report the persons sampled and the month(s) reviewed. Also attach copies of other worksheets, such as copies of the ZGA-903 or comparable document.
- List on the reverse side of this worksheet the clients and specific dates for which units could not be verified, if applicable.
- Provide a copy to the agency during the exit interview of both sides of this completed worksheet if unverified units are found.

CLIENT NAME	S/R/W Code	Eligible client? If special eligibility, state documentation reviewed.	Date of most recent CRF?	DAAS-101 CRF is complete ?	CRF updated at least every 12 months?	# units reported	# units verified	# units to be adjusted in ARMS
TOTAL UNITS NOT VERIFIED = _____			THIS REPRESENTS _____% OF TOTAL UNITS REPORTED FOR THE MONTH REVIEWED. If 10% or more, expand sample and select another month to review.					
Total units reported for all clients in month reviewed = _____								

Signature of reviewer(s) \_\_\_\_\_ Date \_\_\_\_\_



**ATTACHMENT C: NCDAAS CLIENT RECORD REVIEW AND UNIT VERIFICATION WORKSHEET**  
**CONGREGATE LIQUID NUTRITIONAL SUPPLEMENT**

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AGENCY \_\_\_\_\_ DATE OF ASSESSMENT \_\_\_\_\_  
 MONTH AND YEAR REVIEWED \_\_\_\_\_

Reviewer should select a random sample of clients from each Site/Route/Worker Code and include one or more special eligibility clients (if any).

- Attach to this worksheet the Units of Service Verification Report used to select the sample of clients and units. Identify on this report the persons sampled and the month(s) reviewed. Also attach copies of other worksheets, such as copies of the ZGA-903 or comparable document.
- List on the reverse side of this worksheet the clients and specific dates for which units could not be verified, if applicable.
- Provide a copy to the agency during the exit interview of both sides of this completed worksheet if unverified units are found.

CLIENT NAME	S/R/W Code	Eligible? If special eligibility, state documentation reviewed.	Professional authorization on file?	Professional authorization updated every 6 months?	DAAS-101 CRF is complete ?	DAAS-101 CRF is updated every 12 months if services are on-going?	[ 2 cans = 1 meal] # units reported	# units verified	# units to be adjusted in ARMS
TOTAL UNITS NOT VERIFIED = _____				THIS REPRESENTS _____% OF TOTAL UNITS REPORTED FOR THE MONTH REVIEWED. If 10% or more, expand sample and select another month to review.					
Total units reported for all clients in month reviewed = _____									

Signature of reviewer(s) \_\_\_\_\_ Date \_\_\_\_\_

**ATTACHMENT C: NCDAAS CLIENT RECORD REVIEW AND UNIT VERIFICATION WORKSHEET**  
**CONGREGATE NUTRITION – NSIP ONLY**

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AGENCY \_\_\_\_\_ DATE OF ASSESSMENT \_\_\_\_\_  
 MONTH AND YEAR REVIEWED \_\_\_\_\_

Reviewer should select a random sample of clients from each Site/Route/Worker Code and include one or more special eligibility clients (if any).

- Attach to this worksheet the Units of Service Verification Report used to select the sample of clients and units. Identify on this report the persons sampled and the month(s) reviewed. Also attach copies of other worksheets, such as copies of the ZGA-903 or comparable document.
- List on the reverse side of this worksheet the clients and specific dates for which units could not be verified, if applicable.
- Provide a copy to the agency during the exit interview of both sides of this completed worksheet if unverified units are found.

CLIENT NAME	S/R/W Code	Eligible client? If special eligibility, state documentation reviewed.	Date of most recent CRF?	DAAS-101 CRF is complete ?	CRF updated at least every 12 months?	# units reported	# units verified	# units to be adjusted in ARMS
TOTAL UNITS NOT VERIFIED = _____			THIS REPRESENTS _____% OF TOTAL UNITS REPORTED FOR THE MONTH REVIEWED. If 10% or more, expand sample and select another month to review.					
Total units reported for all clients in month reviewed = _____								

Signature of reviewer(s) \_\_\_\_\_ Date \_\_\_\_\_

**ATTACHMENT C: NCDAAS CLIENT RECORD REVIEW AND UNIT VERIFICATION WORKSHEET**  
**CONGREGATE LIQUID NUTRITIONAL SUPPLEMENT - NSIP ONLY**

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AGENCY \_\_\_\_\_ DATE OF ASSESSMENT \_\_\_\_\_  
 MONTH AND YEAR REVIEWED \_\_\_\_\_

Reviewer should select a random sample of clients from each Site/Route/Worker Code and include one or more special eligibility clients (if any).

- Attach to this worksheet the Units of Service Verification Report used to select the sample of clients and units. Identify on this report the persons sampled and the month(s) reviewed. Also attach copies of other worksheets, such as copies of the ZGA-903 or comparable document.
- List on the reverse side of this worksheet the clients and specific dates for which units could not be verified, if applicable.
- Provide a copy to the agency during the exit interview of both sides of this completed worksheet if unverified units are found.

CLIENT NAME	S/R/W Code	Eligible? If special eligibility, state documentation reviewed.	Professional authorization on file?	Professional authorization updated every 6 months?	DAAS-101 CRF is complete ?	DAAS-101 CRF is updated every 12 months if services are on-going?	[ 2 cans = 1 meal] # units reported	# units verified	# units to be adjusted in ARMS
TOTAL UNITS NOT VERIFIED = _____				THIS REPRESENTS _____% OF TOTAL UNITS REPORTED FOR THE MONTH REVIEWED. If 10% or more, expand sample and select another month to review.					
Total units reported for all clients in month reviewed = _____									

Signature of reviewer(s) \_\_\_\_\_ Date \_\_\_\_\_

**ATTACHMENT C: NCDAAS CLIENT RECORD REVIEW AND UNIT VERIFICATION WORKSHEET**  
**CONGREGATE THERAPEUTIC DIET MEALS**

Page \_\_\_\_ of \_\_\_\_

AGENCY \_\_\_\_\_ DATE OF ASSESSMENT \_\_\_\_\_  
 MONTH AND YEAR REVIEWED \_\_\_\_\_

Reviewer should select a random sample of clients from each Site/Route/Worker Code and include one or more special eligibility clients (if any).

- Attach to this worksheet the Units of Service Verification Report used to select the sample of clients and units. Identify on this report the persons sampled and the month(s) reviewed. Also attach copies of other worksheets, such as copies of the ZGA-903 or comparable document.
- List on the reverse side of this worksheet the clients and specific dates for which units could not be verified, if applicable.
- Provide a copy to the agency during the exit interview of both sides of this completed worksheet if unverified units are found.

CLIENT NAME	S/R/W Code	Eligible?  If special eligibility, state documentation reviewed.	DAAS-101 CRF is complete ?	DAAS-101 CRF is updated every 12 months?	Physician's prescription on file?	Physician's prescription reordered every 6 months?	# units reported	# units verified by source doc.	# units to be adjusted in ARMS
TOTAL UNITS NOT VERIFIED = _____			THIS REPRESENTS _____% OF TOTAL UNITS REPORTED FOR THE MONTH REVIEWED. If 10% or more, expand sample and select another month to review.						
Total units reported for all clients in month reviewed = _____									

**Signature of reviewer(s)** \_\_\_\_\_ **Date** \_\_\_\_\_

**ATTACHMENT C: NCDAAS CLIENT RECORD REVIEW AND UNIT VERIFICATION WORKSHEET**  
**HOME-DELIVERED NUTRITION**

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AGENCY \_\_\_\_\_ DATE OF ASSESSMENT \_\_\_\_\_  
 MONTH AND YEAR REVIEWED \_\_\_\_\_

Reviewer should select a random sample of clients from each Site/Route/Worker Code and include one or more special eligibility clients (if any).

- Attach to this worksheet the Units of Service Verification Report used to select the sample of clients and units. Identify on this report the persons sampled and the month(s) reviewed. Also attach copies of other worksheets, such as copies of the ZGA-903 or comparable document.
- List on the reverse side of this worksheet the clients and specific dates for which units could not be verified, if applicable.
- Provide a copy to the agency during the exit interview of both sides of this completed worksheet if unverified units are found.

CLIENT NAME	S/R/W Code	HD eligibility established by in-home assessment? <small>If special eligibility, state documentation reviewed.</small>	DAAS-101 CRF is complete?	DAAS-101 CRF updated at least every 6 months unless temp status?	In-home reassessment conducted at least every 6 months unless temp status?	# units reported	# units verified	# units to be adjusted in ARMS

TOTAL UNITS NOT VERIFIED = _____ Total units reported for all clients in month reviewed = _____	THIS REPRESENTS ____% OF TOTAL UNITS REPORTED FOR THE MONTH REVIEWED. If 10% or more, expand sample and select another month to review.
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Signature of reviewer(s) \_\_\_\_\_ Date \_\_\_\_\_

**ATTACHMENT C: NCDAAS CLIENT RECORD REVIEW AND UNIT VERIFICATION WORKSHEET**  
**HOME-DELIVERED LIQUID NUTRITIONAL SUPPLEMENT**

Page \_\_\_\_ of \_\_\_\_

AGENCY \_\_\_\_\_ DATE OF ASSESSMENT \_\_\_\_\_  
 MONTH AND YEAR REVIEWED \_\_\_\_\_

Reviewer should select a random sample of clients from each Site/Route/Worker Code and include one or more special eligibility clients (if any).

- Attach to this worksheet the Units of Service Verification Report used to select the sample of clients and units. Identify on this report the persons sampled and the month(s) reviewed. Also attach copies of other worksheets, such as copies of the ZGA-903 or comparable document.
- List on the reverse side of this worksheet the clients and specific dates for which units could not be verified, if applicable.
- Provide a copy to the agency during the exit interview of both sides of this completed worksheet if unverified units are found.

CLIENT NAME	S/R/W Code	HD eligibility established by in- home ass't? <small>If special eligibility, state documentation reviewed.</small>	Professional authorization on file?	Professional authorization updated every 6 months?	DAAS-101 CRF is complete ?	DAAS-101 updated every 6 months if on- going service?	[ 2 cans = 1 meal]  # units reported	# units verified	# units to be adjusted in ARMS
TOTAL UNITS NOT VERIFIED = _____				THIS REPRESENTS _____% OF TOTAL UNITS REPORTED FOR THE MONTH					
Total units reported for all clients in month reviewed = _____				REVIEWED. If 10% or more, expand sample and select another month to review.					

Signature of reviewer(s) \_\_\_\_\_ Date \_\_\_\_\_

**ATTACHMENT C: NCDAAS CLIENT RECORD REVIEW AND UNIT VERIFICATION WORKSHEET**  
**HOME-DELIVERED NUTRITION NSIP ONLY**

Page \_\_\_\_ of \_\_\_\_

AGENCY \_\_\_\_\_ DATE OF ASSESSMENT \_\_\_\_\_  
 MONTH AND YEAR REVIEWED \_\_\_\_\_

Reviewer should select a random sample of clients from each Site/Route/Worker Code and include one or more special eligibility clients (if any).

- Attach to this worksheet the Units of Service Verification Report used to select the sample of clients and units. Identify on this report the persons sampled and the month(s) reviewed. Also attach copies of other worksheets, such as copies of the ZGA-903 or comparable document.
- List on the reverse side of this worksheet the clients and specific dates for which units could not be verified, if applicable.
- Provide a copy to the agency during the exit interview of both sides of this completed worksheet if unverified units are found.

CLIENT NAME	S/R/W Code	HD eligibility established by in-home assessment? <small>If special eligibility, state documentation reviewed.</small>	DAAS-101 CRF is complete?	DAAS-101 CRF updated at least every 6 months unless temp status?	In-home reassessment conducted at least every 6 months unless temp status?	# units reported	# units verified	# units to be adjusted in ARMS
TOTAL UNITS NOT VERIFIED = _____			THIS REPRESENTS ____% OF TOTAL UNITS REPORTED FOR THE MONTH REVIEWED. If 10% or more, expand sample and select another month to review.					
Total units reported for all clients in month reviewed = _____								

Signature of reviewer(s) \_\_\_\_\_ Date \_\_\_\_\_

**ATTACHMENT C: NCDAAS CLIENT RECORD REVIEW AND UNIT VERIFICATION WORKSHEET**  
**HOME-DELIVERED LIQUID NUTRITIONAL SUPPLEMENT - NSIP ONLY**

Page \_\_\_\_ of \_\_\_\_

AGENCY \_\_\_\_\_ DATE OF ASSESSMENT \_\_\_\_\_  
 MONTH AND YEAR REVIEWED \_\_\_\_\_

Reviewer should select a random sample of clients from each Site/Route/Worker Code and include one or more special eligibility clients (if any).

- Attach to this worksheet the Units of Service Verification Report used to select the sample of clients and units. Identify on this report the persons sampled and the month(s) reviewed. Also attach copies of other worksheets, such as copies of the ZGA-903 or comparable document.
- List on the reverse side of this worksheet the clients and specific dates for which units could not be verified, if applicable.
- Provide a copy to the agency during the exit interview of both sides of this completed worksheet if unverified units are found.

CLIENT NAME	S/R/W Code	HD eligibility established by in- home ass't? <small>If special eligibility, state documentation reviewed.</small>	Professional authorization on file?	Professional authorization updated every 6 months?	DAAS-101 CRF is complete ?	DAAS-101 updated every 6 months if on- going service?	[ 2 cans = 1 meal]  # units reported	# units verified	# units to be adjusted in ARMS
TOTAL UNITS NOT VERIFIED = _____				THIS REPRESENTS _____% OF TOTAL UNITS REPORTED FOR THE MONTH					
Total units reported for all clients in month reviewed = _____				REVIEWED. If 10% or more, expand sample and select another month to review.					

Signature of reviewer(s) \_\_\_\_\_ Date \_\_\_\_\_



**ATTACHMENT C: NCDAAS CLIENT RECORD REVIEW AND UNIT VERIFICATION WORKSHEET**  
**HOME-DELIVERED THERAPEUTIC DIET MEALS**

Page \_\_\_\_ of \_\_\_\_

AGENCY \_\_\_\_\_ DATE OF ASSESSMENT \_\_\_\_\_  
 MONTH AND YEAR REVIEWED \_\_\_\_\_

Reviewer should select a random sample of clients from each Site/Route/Worker Code and include one or more special eligibility clients (if any).

- Attach to this worksheet the Units of Service Verification Report used to select the sample of clients and units. Identify on this report the persons sampled and the month(s) reviewed. Also attach copies of other worksheets, such as copies of the ZGA-903 or comparable document.
- List on the reverse side of this worksheet the clients and specific dates for which units could not be verified, if applicable.
- Provide a copy to the agency during the exit interview of both sides of this completed worksheet if unverified units are found.

CLIENT NAME	S/R/W Code	HD eligibility established through in-home assessment? <small>If special eligibility, state documentation reviewed.</small>	DAAS-101 CRF is complete?	DAAS-101 CRF updated at least every 6 months unless temp status?	Physician's prescription on file?	Physician's prescription reordered every 6 months?	# units reported	# units verified	# units to be adjusted in ARMS
TOTAL UNITS NOT VERIFIED = _____ Total units reported for all clients in month reviewed = _____				THIS REPRESENTS _____% OF TOTAL UNITS REPORTED FOR THE MONTH REVIEWED. If 10% or more, expand sample and select another month to review.					

Signature of reviewer(s) \_\_\_\_\_ Date \_\_\_\_\_